## **EXHIBIT 1**

For Federal civil complaint
Brian David Hill v. Executive Office
for United States Attorneys (EOUSA),
United States Department of Justice
(U.S. DOJ)

MED 10 (02/17/2011)

www.dmv/Vow.com
Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001

## DISABLED PARKING PLACARDS OR LICENSE PLATES APPLICATION

Purpose: Use this form to apply for a disabled parking placard or disabled parking license plates.

instructions: Submit to any Customer Service Center, DMV Select or mail to DMV, Data Integrity, P.O. Box 85815,

Richmond, VA 23285-5815.

- For a parking placard, submit this form with a \$5.00 check or money order payable to DMV. Placard will be mailed to you in approximately 15 days. Only one placard may be issued to a customer.

• For disabled p	arking iloerise pie	ates; submit this lot	. 111, a Livei	ise mate	Applica	or AOA) Hon	) and applicable is
		BLED PARKING	Charles of the Control of the Contro	NAME OF TAXABLE PARTY.			
CHECK ONE	A Internal Education	ing placard hang	s if Ollie Life	realvie	V-IIIIII OI		
` "' '	PERMANENT REP	LACEMENT (5 years)	TEMPOR	· RARY (up to	o 6 months	) TEMPO	RARY REPLACEMENT
Original (medical profession certification required)	al 🔲 Lost	Stolen		Original		□ Lo	ost Stolen
Renewal (No medical	Destroyed	Mutilated		•		p	estroyed Mutilated
professional certification required.)	Reissue					_	eissue
i required.)					. Pagaraga		
ORIGINAL PLATES DUP		(FARKING (HE) (LE	GENGE	L'ATES (	NLY		Light .
Complete and submit form VSA 10	Lost	Unreadable ( Lid		etters			vehicle is specifically
IOIM VSA 10	Destroyed	Never received in	•	.		ically disabled p	or transporting groups of ersons.
VEHICLE IDENTIFICATION NUMBER (VIII	i)		TITLE NUM		•		
	1965年 1978		N 1 N		. is	7 1 4%	The state of the s
I am the vehicle owner and the	ne parent/legal gua	ardian of a disabled d	ependent(s	) List the	name of	eaçh disable	d person below.
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14 (1124)		teet t	,	21	•:		
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		WASPEIC/ANTEINS	SIRWATEO	N			
FULL LEGAL NAME (last)	(first)	(middle)		Manage Anna San San San San San San San San San	NED NUMB	ER OR SOCIAL S	ECURITY NUMBER
HILL	BRIAN	David	1	,		<i></i>	
CURRENT RESIDENCE ADDRESS	Check here if this	is a new address.	Mar	the wil	اما	STATE	21P CODE 12
CITY OR COUNTY OF RESIDENCE	ripi. Z		TARRE		LEPHONE	NUMBER OR CE	ELE PHONE NUMBER
Martinsville				276	790-	<i>350</i> 5	
MAILING ADDRESS (if different from above	9)		CITY			STATE	ZIP CODE
BIRTH DATE (mm/dd/yyyy) GENDER .:	HA	AIR COLOR	EYE COLO	R	HEIGHT		WEIGHT,
MALE	FEMALE		<u> </u>		`	FT IN	LB
		APPLICANTIOER	HEICATIC	N.			
I understand that misuse, counted							
and/or revocation of disabled pa impairs my ability to walk or crea			heck one):	Tempo	rary 🔽	Permanent di	sability that limits or
I also understand that the disabl friends, to benefit a person other		or plates issued to n	ne cannot b	e loaned t	o anyone	, including far	mily members or
I further certify and affirm that all genuine, and that the information under penalty of perjury and I ur	n included in all su	pporting documentati	on is true a	nd accura	te. I mak	this certifica	ition and affirmation

	(SIGIAN/PHYSICIAN ASSISTA	evilation de le regio		KINEDICAL GE	RHEICAILUN
(This section does not have to be completed to renew permanent placards.)					
Permanently limited or impaired. A permanent disability as it relates to disabled parking privileges shall mean: a condition that limits or impairs movement from one place to another or the ability to walk as defined in Virginia Code §46.2-1240, and that has reached the maximum level of improvement and is not expected to change even with additional treatment.					
ł ·	ired beginning in the month of		in the month	hrof <u>ra e dan di sa s</u>	(not to exceed 6 months).
Reason this patient's ability to v	valk is limited or impaired or creates a	safety condition while wa	king. (chec	k below)	
Cannot walk 200 feet witho	ut stopping to rest.	Has been d	iagnosed w	ith a mental or deve	elopmental amentia or
Uses portable oxygen.				ment including, but	not limited to, an autism
another person, brace, can	e of or assistance from any of the follo e, crutch, prosthetic device, wheelchalt	wing: Has been d			ase or another form of
other assistive device.	he extent that functional limitations are	is legally b	ind or deaf.		
, <del></del>	ss III or Class IV according to standard	s set Other cond	ition that lim	nits or impairs the a pription must be spe	
expiratory volume for one s	e to such an extent that forced (respirat econd, when measured by spirometry,	is less	•		
of mercury on room air at re					
orthopedic condition.	to walk due to an arthritic, neurological		مندر وزوده شوري	en en ar earlier (1972)	e Walion
concern while walking as descr		*		A	
I have presented to DMV are g	o the best of my knowledge and belief, enuine, and that the information include rjury and I understand that knowingly m	ed in all supporting docur	nentation is	true and accurate.	I make this certification and
MEDICAL PROFESSIONAL NAME	Danada a Aal			1	FICE FAX NUMBER
SHYAM	BALAKRISHNAN	1 2 1 3	<i>670 }</i>		276) 634-0362
LICENSE TYPE	LICENSE NUMBER (required)	STATE ISSUING LICENSE	(required)	LICENSE EXPIRATIO	N DATE (mm/dd/yyyy) (required)
MD MEDICAL PROFESSIONAL SIGNAT	URE	<u> </u>			DATE (mm/dd/yyyy)
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Hill, Brian (MRN 7244793)

Encounter Date: 07/18/2016

Brian Hill

7/18/2016 3:30 PM Office Visit

Provider Demetrios Herodotou, MD

Department Carillon Clinic Endocrinology Dept Phone: 540-224-5170

## **Patient Preferred Name**

No data filed

**Basic Information** 

9516 <b>(9</b> ) 31514	Sex	Race	Ethnicity	Preferen Language	
5/26/1000	Male	White or Caucasian	Non-Hispanic	Fnalish	

Department

Name			
Carilion Clinic, Endocrinology	3 Riverside Circle	540-224-5170	540-983-8229
	Roanoke VA 24016		

**Reason for Visit** 

Follow-up

**Diabetes** 

type 1

Reason for Visit History

**Your Vitals Were** 

BP	Pulse . I		Western	ВИ	Smoking Status
132/78 mmHg	89	1.753 m (5' 9")	92.126 kg (203 lb 1.6 oz)	29.98 kg/m2	Never Smoker

To Do List

Friday September 02, 2016 10:45 AM

Appointment with Herodotou, Demetrios at Carilion Clinic, Endocrinology (540-224-5170)

3 Riverside Circle Roanoke VA 24016

**Pending Health Maintenance** 

	Date Due	Completion Dates	
TDAP IMMUNIZATION	5/26/2001		
DIABETIC FOOT EXAM	5/26/2008		
DIABETIC EYE EXAM	5/26/2008	A.M.	
DIABETIC 6 MONTH HGA1C	11/6/2016	5/6/2016, 2/1/2016, 10/22/2015, 7/2/2015,	
		5/4/2015, 1/19/2015, 3/22/2013	

Allergies		
Anesthetic [Benzocaine-Aloe Vera]	Other - See Comments	•
Resident gets out of control	NAME OF THE PARTY	
Vaccine Adjuvant Emulsion Combination		
No. 1		
Resident stated he gets out of control		

Zantac [Ranitidine Hcl] Diarrhea

Your Current Medications Are	
insulin aspart (NOVOLOG FLEXPEN) 100 unit/mL Insulin Pen (Taking)	10 Units by Subcutaneous route as directed for Other (follow the sliding scale.)
insulin glargine (LANTUS) 100 unit/mL Solution (Taking)	36 Units by Subcutaneous route every night
omeprazole (PRILOSEC OTC) 20 mg Tablet, Delayed\Release (E.C.) (Taking)	take 1 Tab by mouth every day
BD INSULIN SYRINGE ULTRA-FINE 0.5 mL 31 gauge x 5/16 Syringe	1 Each by Subcutaneous route four times daily
BD INSULIN PEN NEEDLE UF MINI 31 X 3/16" (BD INSULIN PEN NEEDLE UF MINI)	1 Each by Subcutaneous route four times daily

PATIENT COPY-Hill, Brian (MRN 7244793) Printed at 7/18/16 4:04 PM

Your Current Medications Are (continued)

onl catter menications vie (continued)	
31 gauge x 3/16" Needle	CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC
insulin Needles, Disposable, (BD INSULIN PEN NEEDLE UF SHORT) 31 gauge x 5/16" Needle	1 Units by Does not apply route four times daily
glucose blood VI test strips (FREESTYLE INSULINX TEST STRIPS) Strip	1 Strip by external route three times daily
Blood-Glucose Meter (ACCU-CHEK AVIVA PLUS METER) Misc	1 Device by Does not apply route three times daily
Insulin Syringe-Needle U-100 (BD INSULIN SYRINGE ULTRA-FINE) 1 mL 30 x 1/2" Syringe	1 Each by Does not apply route four times daily

## **Pharmacy**

WALGREENS DRUG STORE 12495 - MARTINSVILLE, VA - 2707 GREENSBORO RD AT NWC OF RIVES & US 220

2707 GREENSBORO RD MARTINSVILLE VA 24112-9104

Phone: 276-632-0180 Fax: 276-632-6759

Open 24 Hours?: No